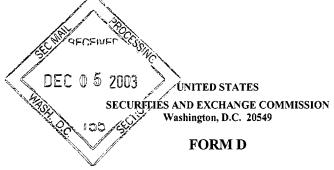
1272282

FORM D



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

		SEC USE	ONLY		
Prefix Serial					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DATE REC	CEIVED		

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Offering of up to 600,000 shares of Series B Preferred Stock of Better Life Media, Inc.	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE Type of Filing: [X] New Filing [] Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	03039898
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.) Better Life Media, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Westside Business Park, 856 South Fifth Street, Hopkins, MN 55343	Telephone Number (Including Area Code) (952) 294-4182
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCECCEN
Develop cable television network	WAGEOSED
	1 DEC 0.8 2003
Type of Business Organization [X] corporation [] limited partnership, already formed [] other (please specify):	7 520 00 2009
[] business trust [] limited partnership, to be formed	THOMSON
Actual or Estimated Date of Incorporation or Organization:	Month Year [0 5] [0 3] [X] Actual [] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [D E]	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuer.

Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	LX 1 Executive Office	er [X]Dire	ector [] General and/or Managing Partner	
		[71] Demondra o mile.	[]		- Control and on the angle of the control of the co	
Full Name (Last name first, if i Eric J. Worre	ndividual)					
Business or Residence Address Westside Business Park, 856 S			e)			
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Office	r [X] Direct	tor [] General and/or Managing Partner	
Full Name (Last name first, if i Patrick J. Hopf	ndividual)					
Business or Residence Address Westside Business Park, 856 S			le)			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner	
Full Name (Last name first, if i	ndividual)			··-		
Business or Residence Address	(Number and Stre	eet, City, State, Zip Cod	le)			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner	
Full Name (Last name first, if	ndividual)				The state of the s	
Business or Residence Address	(Number and Stre	eet, City, State, Zip Cod	le)			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner	
Full Name (Last name first, if	ndividual)					
Business or Residence Address	(Number and Stre	eet, City, State, Zip Cod	le)			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner	
Full Name (Last name first, if	ndividual)					
Business or Residence Address	(Number and Str	eet, City, State, Zip Cod	le)	· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner	
Full Name (Last name first, if	ndividual)					
Business or Residence Address	(Number and Str	eet, City, State, Zip Coo	ie)	<u> </u>		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. INF	ORMATI	ION ABO	UT OFFE	ERING					
1. Ha	s the issuer sold,	or does the	issuer inten	ıd to sell, to	non-accred	ited investo	rs in this of	fering?		•••••				Yes No [] [X]
				A	Answer also	in Appendi	ix, Column	2, if filing u	nder ULOE	J.				
2 W1	nat is the minimu	ım investme	ent that will			••	·	_						none
2. 111	iac is the minime	im mvestine	an that win	oc accepted	i nom any i	narviadar		••••••		•••••••	***************************************	••••••••		
3. Do	es the offering p	ermit joint o	ownership o	of a single u	nit?	•····								Yes No
sol reg	ter the informati- icitation of purcl fistered with the such a broker or	hasers in cor SEC and/or	nnection with a state	th sales of s or states, li	ecurities in st the name	the offering of the brok	. If a perso er or dealer	n to be listed . If more th	d is an asso	ciated perso	n or agent o	f a broker o	r dealer	
Full N	ame (Last name	first, if indiv	vidual)											
Busine	ess or Residence	Address (N	umber and S	Street, City,	State, Zip (Code)								
Name	of Associated Br	oker or Dea	ıler		y.				A 100 11 88 2					
	in Which Person heck "All States'												[All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Last name													
Busine	ess or Residence	Address (N	umber and	Street, City,	State, Zip	Code)							·	
Name	of Associated B	roker or De	aler							<u>.</u>				
States (C	in Which Persor heck "All States"	Listed Has	Solicited on the solicited of the solici	r Intends to ates)	Solicit Purc	chasers							[All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full N	ame (Last name	first, if indi	vidual)										_	
Busin	ess or Residence	Address (N	umber and	Street, City,	, State, Zip	Code)								
						·								
Name	of Associated B	roker or De	aler											
	in Which Persor heck "All States								•••••				[] All States
	[AL] [IL] [MT] [R]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$_	
	Equity	\$	600,000	\$ _	600,000
	[] Common [X] Preferred				
	Convertible Securities (including warrants)	\$		\$ _	
	Partnership Interests	§		\$ _	
	Other (Specify)	\$ <u></u>		. \$ _	
	Total	s	600,000	\$	600,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		5	_ \$	600,000
	Non-accredited Investors			_ \$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part CQuestion 1.				
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505		_	\$_	
	Regulation A			- s	
	Rule 504			 \$	
				- °- \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offeri Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to fut contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and the left of the estimate	ure	[]	_	
	·		.,		<u> </u>
	Printing and Engraving Costs		[]	\$	
	Legal Fees		[]	\$	12,160
	Accounting Fees		[]	\$	
	Engineering Fees		[]	\$	
	Sales Commissions (Specify finders' fees separately)		[]	\$	<u>_</u> _
	Other Expenses (identify)		[]	\$	
	Total		[]	\$	12,160

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price given furnished in response to Part CQuestion 4.a. This difference is the			•••••				\$ <u>587,840</u>
5.	Indicate below the amount of the adjusted gross proceeds to the is If the amount for any purpose is not known, furnish an estimate payments listed must equal the adjusted gross proceeds to the issue	and check the box to the left of the e	stimate. Th					
					Payments to Officers, Directors & Affiliates			Payments to Others
	Salaries and fees		[X]	\$ _	81,731	_ X	\$	121,538
	Purchase of real estate		[]	\$ _		_ []	\$	
	Purchase, rental or leasing and installation of machinery and e	quipment	[]	\$ _		_ x	\$	15,000
	Construction or leasing of plant buildings and facilities		[]	\$ _		_ []	\$	
	Acquisition of other businesses (including the value of secu used in exchange for the assets or securities of another issuer p			\$ _		_ []	\$	
	Repayment of indebtedness		[]	\$_		_ []	\$	
	Working capital		[]	\$_		_ x	\$	369,571
	Other (specify):							
			[]	\$_		_ []	\$	
	Column Totals		X	\$_	81,731	_ x	\$	506,109
	Total Payments Listed (column totals added)			x	\$ 587,840)		
_	D.	FEDERAL SIGNATURE						
Th	e issuer has duly caused this notice to be signed by the undersigned du		od under Du	le 505	the following si	omoture.	const	itutes on
un	dertaking by the issuer to furnish to the U.S. Securities and Exchange n-accredited investor pursuant to paragraph (b)(2) of Rule 502.							
	uer (Print or Type) tter Life Media, Inc.	Signature		Date	12/3/03	<u> </u>		
Na	me of Signer (Print or Type)	Title Bigny (Print or Type)	tive	0 F	Ricer			

MI:1049842.03

ATTENTION